

## WORKSHEET: INDICATORS, DATA SOURCES, METHODS

INTENDED OUTCOMES	INDICATOR/S	DATA SOURCE/S	METHODS FOR OBTAINING DATA
Increase percentage of all family planning users tested for HIV			
Increase percentage of high-risk FP users tested for HIV			
Increase availability of rapid HIV testing			
Improve integration of HIV testing into provision of family planning services			
Ensure appropriate linkages/referrals for health care and social services for HIV positive users			

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# INDICATORS

**Indicator: offers evidence that a certain condition exists or that certain results have or have not been achieved.** (Brizius & Campbell, 1991).

## DEVELOPMENT TIPS:

- An indicator does not have to reflect all elements of the outcome
- An outcome may need more than one indicator
- Some indicators are best quantified
- Typically, indicators should be:
  - Clear
  - Reliable
  - Specific
  - Observable
  - Measurable

## Indicators answer the question:

What does the outcome LOOK LIKE when it is achieved?

## COMMON DATA COLLECTION METHODS

(adapted from Fink, 1993)

METHOD	ADVANTAGES	DISADVANTAGES
WRITTEN SURVEY	<p>Can collect data from lots of people.                      Pretty cheap.                      People are used to this format.                      You can often find one you can use rather than create one.                      Anonymity/confidentiality easier.</p>	<p>Participant literacy/reading level.                      No follow-up or full explanation of responses.                      Questions get skipped (unless there's on-the-ground support).                      No rapport-building with participants (pro/con).</p>
INTERVIEW (one-on-one face-to-face, phone)	<p>Clarification for participants of meanings of questions.                      Avoids literacy issue.                      Can develop evaluator-participant rapport (pro/con).</p>	<p>Disclosure reluctance.                      Time-consuming.                      Labor-intensive/\$-intensive.                      Evaluator training important.                      Data may be cumbersome to analyze (qualitative).</p>
RECORDS REVIEW	<p>Unobtrusive.                      Avoids duplication of data collection (don't always need to duplicate collection of data program already has).                      Can give you a sense of how the program was intended to run, etc.</p>	<p>Time-consuming, sometimes.                      Reliant on the accuracy of the previous collectors.</p>
OBSERVATION	<p>Provides opportunity for new ideas/issues to arise.                      Gives context for the program/evaluation.</p>	<p>Time-consuming, sometimes.                      Labor intensive.                      Evaluator training important.                      Observer may impact environment &amp; participants. may change how they act.                      Can be a relatively open-ended process                      Lack of clarity of what to observe/how to interpret. (pro/con).</p>
TEST (achievement)	<p>Results often appear concrete.                      Stakeholders may like these kinds of results.                      Sometimes easy to administer.</p>	<p>Knowledge change is a limited measure of health behavior change, etc.                      May be intimidating.                      Need to ensure covering all key material.                      Literacy, etc. issues.</p>
TEST (physical)	<p>Stakeholders tend to like these types of results.                      Clarity about change in health situation/health status is an ultimate goal of programs, typically.</p>	<p>May be invasive.                      Evaluator training or outside expertise may be necessary.                      Time-consuming.                      Labor-intensive.</p>

	Results often appear Δconcrete.@	Expensive, often.
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## **BACKGROUND INFORMATION**

### **Objectives of CDC recommendations for HIV testing – adults, adolescents, and pregnant women in health-care settings (p. 2):**

1. Increase HIV screening of patients , including pregnant women in health-care settings
2. Foster earlier detection of HIV infection
3. Identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services
4. Further reduce perinatal transmission of HIV in the U.S.

### **OPA assumptions related to implementing the CDC revised recommendations (p. 6):**

- Likely lead to an increase in identification of those with HIV infection
- Ensure that those identified as having HIV infection will receive appropriate referrals for care.
- (Additionally, clinics will be able to target prevention resources where most needed.)

### **OPA “OUTCOME” EVAL. REQUESTS (p. 18)**

- Number of clients – unduplicated --receiving HIV testing
- Total number and type of HIV tests provided
- Number of positive HIV tests
- Number of clients (HIV+/-) returning for test results counseling
- Number of clients with positive test result referred for HIV-related care and/or treatment services

### **OPA “PROCESS” EVAL. REQUESTS (p. 18)**

- Number staff, including new staff, dedicated to the HIV project and supported under this award (partial FTEs)
- Number and content of HIV trainings held specific to cultural competency and/or age appropriateness
- Number of HIV prevention skill-building sessions or other training held for health care providers

### **KEY SAMPLE OUTCOMES:**

- Increase percentage of all family planning users tested for HIV
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